PART B - FEE(S) TRANSMITTAL

OCT 07 700% INSTRUCTIONS This form should be used for tra		, to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSU Commissioner 1 P.O. Box 1450 Alexandria, Vir (703) 746-4000	or Patents ginia 22313-1450	should be completed where
INSTRUCTIONS This form should be used for tra appropriate. As further correspondence including the indicated below or directed otherwise maintenance fee notifications.	Patent, advance orders a in Block 1, by (a) spec	nd notification ifying a new c	of maintenance fees orrespondence addres	will be mailed to the curren s; and/or (b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for 23552 7590 07/06/2005 MERCHANT & GOULD PC P.O. BOX 2903	r any change of address)		Note: A certificate of Fee(s) Transmittal. T papers. Each addition have its own certification.	f mailing can only be used this certificate cannot be used and paper, such as an assignmente of mailing or transmission.	for domestic mailings of the for any other accompanying nent or formal drawing, must
MINNEAPOLIS, MN 55402-0903 10/11/2005 EFLORES1 00000117 132725 1000839	7		States Postal Service addressed to the Ma transmitted to the US	with sufficient postage for fi il Stop ISSUE FEE address PTO (703) 746-4000, on the	ng deposited with the United irst class mail in an envelope s above, or being facsimile date indicated below.
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA 03 FC:8001 9.00 DA			Alan G	Gørman	(Depositor's name) (Signature) (Date)
APPLICATION NO. FILING DATE	FIRST NAMED INVE			ATTORNEY DOCKET NO.	
10/008,397 12/06/2001	Jiang Ding		·	13569.0009(JS01	CONFIRMATION NO.
TITLE OF INVENTION: IDENTIFYING HEART FAILURE PATIENTS SUITABLE FOR RESYNCHRONIZATION THERAPY USING QRS COMPLEX WIDTH FROM AN INTRACARDIAC ELECTROGRAM					
. APPLN. TYPE SMALL ENTITY	ISSUE FEE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO	\$1400	•	\$300	\$1700	10/06/2005
EXAMINER	ART UNIT	CI	ASS-SUBCLASS] .	
BOCKELMAN, MARK	3762		607-025000	· ·	
CFR.1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) CARDIAC PACEMAKERS, INC. ST. PAUL, MINNESOTA					
Please check the appropriate assignee category or categories (will not be printed on the patent):					
4a. The following fee(s) are enclosed: Solution Listuage Li					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
The Director of the USPTO is requested to apply the Issn NOTE: The Issue Fee and Publication Fee (if required) interest as shown by the records of the United States Pate	e Fee and Publication Fe	e (if any) or to	re-annly any nrevious	ly naid issue fee to the applic	ation identified above
Authorized Signature Date October 5, 2005					
Typed or printed name Alan G. Gorman Registration No. 38,472					
This collection of information is required by 37 CFR 1.3 an application. Confidentiality is governed by 35 U.S.C. submitting the completed application form to the USPT this form and/or suggestions for reducing this burden, st Box 1450, Alexandria, Virginia 22313-1450. DO NOT Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons				•	•